Name in Full: David T. Cross

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Simpsonville — County: Howard

Date of death 1904: Month: Sep. — Day: 4 — Age: Years: 78 — Months: 1 — Days: 2

Sex: Male — Color or Race: White — Birthplace: Md

Married, Single or Widowed: Single — Occupation: Carpenter

Name of Wife or Husband:

Father's Name: Allen T. Cross — Father's Birthplace: Md

Mother's Maiden Name: Elizabeth Leisher — Mother's Birthplace: Md

Name of person giving Information: Wm Blevins — How related to deceased: Nei

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General Debility — How long: 6 weeks

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas R Wilson M.D.

Address: Simpsonville Md

Accident or Suicide?

LIBRARY BUREAU A86516

Name in Full: Benjamin Dorsey

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Sykesville — County: Howard

Date of death 1904: Month: Sept. — Day: 12 — Age: Years: 2. — Months — Days

Sex — Color or Race: black — Birthplace

Married, Single or Widowed — Occupation

Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Frank Dorsey — Father's Birthplace: Md.

Mother's Maiden Name: Mary Clark — Mother's Birthplace: Md.

Name of person giving information: Alfred Lincoln — How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Impacted Bowel — How long: 3 day

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jno W Robb M.D.

Address: West Friendship Howard County

Accident or Suicide?

8

LIBRARY BUREAU A6618

Name in Full

Certificate of Death

Charles K. Dorsey

Died at vicinity Town Oakland Mills County Howard Co MARYLAND

Date 1924 Month Sept Day 3rd | Age Y. 38 M. D. | Native of Maryland | Occupation Lawyer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of

Wife

159

Father's Name R. L. Dorsey

Mother's Maiden Name Mary Dorsey

Cause of Death — Primary: gunshot wound

Immediate: Peritonitis

How long sick —

~~Accident~~, Suicide, ~~Homicide~~

Reported by Dr. Dorsey

Address

Must be signed by physician, if any in attendance, otherwisa by coroner, undertakar or minister.

LIBRARY BUREAU, 70898

Name in Full: Dora Green

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Guilford — County: Howard

Date of death: 1904 — Month: 9 — Day: 30

Age — Years: 3 — Months: — Days:

Sex: Female — Color or Race: Black — Birthplace: Guilford

Occupation: Infant — Where Residing if not at place of death: at Home

Married, Single or Widowed: Single — Name of Wife or Husband: ———

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Charles A. Green Jr — Father's Birthplace: Md

Mother's Maiden Name: Hattie Hall — Mother's Birthplace: Md

Name of person giving Information: Chas. A. Green Jr — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Congestion of Lungs — How long: 6 days

Immediate: Convulsion — How long: 20 minutes

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. Whittington M.D.

Address: Savage Md.

Accident or Suicide? Neither

LIBRARY BUREAU A66516

Name in Full Infant McClaud

Certificate of Death

Died at Town Berth Park County Worcester MARYLAND

Date 1984 Month Sept Day 24 | Age Y. M. D. 2 Hours | Native of | Occupation

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife Infant McClaud

Father's Name

Mother's Maiden Name Lola Smith

Cause of Death: Primary Liver abscess 2 hours — How long sick

Immediate — ~~Accident, Suicide, Homicide~~

Reported by Kitty Dorsey

Address Cookesville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Henry Jackson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cookesville — County: Howard

Date of death 1904 — Month: Sept. — Day: 10 — Age — Years: 19. — Months — Days

Sex: Male — Color or Race: Negro. — Birthplace: Maryland

Married, Single or Widowed: Single — Occupation: Laborer

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Geo. Jackson — Father's Birthplace: Maryland

Mother's Maiden Name: Sarah Dorsey — Mother's Birthplace: Maryland

Name of person giving Information: Sarah Jackson — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis of Lungs — How long: About 2 years

Immediate: Hemorrhage from Lungs — How long: A few minutes

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: J. W. Lacy.

Address: Lisbon Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Mary J. King

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Elioker — County: Howard

Date of death: 1904 — Month: Sept — Day: 14 — Age: Years: — Months: — Days: 6

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: — Where Residing if not at place of death: Elioker

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Henery J King — Father's Birthplace: Maryland

Mother's Maiden Name: Alice Dennis — Mother's Birthplace: Maryland

Name of person giving information: Henery J King — How related to deceased: Farther

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Spasms — How long: 1 Week

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes.

Signature Physician: Dr. Physician Milton Easton

Address: Ellicott City

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: James Mackubin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Ellicott City — County: Howard

Date of death: Month: Sept. — Day: 11 — 1904 — Age: Years: 74 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Md.

Occupation: Lawyer — Where Residing if not at place of death: —

Married, ~~Single~~ or Widowed: Married — Name of Wife or Husband: Gabriella Peter

Father's Name: George Mackubin — Father's Birthplace: Md.

Mother's Maiden Name: Eleanor Maccubbin — Mother's Birthplace: Md.

Name of person giving Information: George Mackubin — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Postitic disease — How long: 10 months

Immediate: Exhaustion — How long: 4 weeks

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Thos B Owings

Address: Ellicott City

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Dora S Monks

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Elk Ridge — County: Howard

Date of death 1904 — Month: Sept — Day: 10

Age — Years: 28 — Months: 3 — Days:

Sex: female — Color or Race: White — Birthplace: Germany

Married, Single or Widowed: Married — Occupation: housewife

Name of Wife or Husband: Geo A Monks

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: Geo A Monks — How related to deceased: husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Puerperal Hemorrhage — How long: one hour

Immediate: same — How long: "

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Arthur Williams

Address: Elk Ridge Md

Accident or Suicide? no

LIBRARY BUREAU A36313

Name in Full: Mr Sophie Moore.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Fulton — County: Howard

Date of death: Month: 1904 Sept — Day: 10th — Years: Age 63 — Months — Days —

Sex: female — Color or Race: white — Birthplace: Howard Co Md

Occupation: House keeper — Where Residing if not at place of death: at place of death.

Married, Single or Widowed: single — Name of Wife or Husband: ———

Father's Name: Hamilton Moore — Father's Birthplace: Howard Co.

Mother's Maiden Name: Ealey Smallwood — Mother's Birthplace: Howard Co.

Name of person giving Information: John H. Moore — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Apoplexy. — How long: 4 days

Immediate: Cerebral — — How long: ———

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr. Ryder Gaither Md

Address:

Accident or Suicide?

LIBRARY BUREAU A66016

Name in Full: Mary A Neill

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Ellicott City; County: Howard

Date of death: Month: Sept.; Day: 2; Year: 1904

Age: Years: 88; Months: ; Days:

Sex: Female

Color or Race: White

Birthplace: Ireland

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Widow

Name of ~~Wife~~ or Husband: Michael A Neill

Father's Name: Thomas Conry

Father's Birthplace: Ireland

Mother's Maiden Name: not known

Mother's Birthplace:

Name of person giving In formation: Mary A French

How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Diarrhea

How long:

Immediate: Exhaustion

How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Thos B Dring M D

Address: Ellicotts city

~~Accident~~ or Suicide?

LIBRARY BUREAU A26816

Name in Full: Alice C Ramsay.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Orange Grove; County: Howard

Date of death 1904: Month: Sept; Day: 29th

Age: Years: 62; Months: 7; Days: 11

Sex: Female

Color or Race: White

Birthplace: Baltimore

Occupation: —

Where Residing if not at place of death: Baltimore

~~Married, Single~~ or Widowed

Name of Wife or Husband: Charles G. Ramsay

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: B M. Corner

Father's Birthplace: Maryland.

Mother's Maiden Name: Sarah Welch.

Mother's Birthplace: Maryland

Name of person giving Information: Otto G. Ramsay

How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Carcinoma of Mesenteric Glands.

How long: 8 or 10 months

Immediate: Exhaustion

How long: 3 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: M. R. Earnshaw

Address: Elk Ridge, Md.

~~Accident or Suicide~~?

LIBRARY BUREAU A6581B

Henry W. Jenkins & Son &c
Lewiston Maine

Mr Wm R. Emerson.
Edwards
Mc
191.
Stockton
Mc

Name in Full: George T. Swann

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Savage — County: Howard

Date of death 1904 — Month: 9 — Day: 6 — Age — Years: 56 — Months: 5 — Days: 14

Sex: male — Color or Race: white — Birthplace: Va

Occupation: Laborer — Where Residing if not at place of death: Savage

Married, Single or Widowed: married — Name of Wife or Husband: Sarah Cornell

Father's Name: Dennis Swann — Father's Birthplace: Md

Mother's Maiden Name: Elzina Pettit — Mother's Birthplace: Va

Name of person giving Information: Maggie Swann — How related to deceased: daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Anaemia — How long: 12 months

Immediate: Heart Failure — How long: Immediate

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E. W. Linthicum M.D.

Address: Savage Md

Accident or Suicide? Neither

8

LIBRARY BUREAU A4551G

Name in Full: James E Tyson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Warwick Farm — County: Howard

Date of death: Month: 9 — Day: 4 — Year: 1904 — Age: 88 — Months — Days

Sex: M — Color or Race: W — Birthplace: Md.

Occupation: Farmer — Where Residing if not at place of death:

~~Married, Single~~ Widowed — Name of Wife of Husband:

Father's Name: Nathan Tyson — Father's Birthplace:

Mother's Maiden Name: Martha Ellicott — Mother's Birthplace: Ellicotts City

Name of person giving Information: Henry M. Leftwich — How related to deceased: nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: senile debility — How long

Immediate: Asthenia — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: H M Leftwich

Address: 211 W. Madison St Baltimore

Accident or Suicide?

LIBRARY BUREAU A08618

Name in Full

Florence Walker

Certificate of Death

Died at Town: Marriottsville County: Howard MARYLAND

Date 1904 Month: Sept Day: 29 Age Y.: 31 M.: 6 D.: 23 Native of: Md Occupation: Housewife

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ Widower Number of children living: 7

Husband / Wife of: Joshua J. Walker

Father's Name: Dennis Sands Mother's Name: Annie Sands

Cause of Death — Primary: Pulmonary Tuberculosis How long sick: about 1 year

Immediate: Systemic exaustion ~~Accident, Suicide, Homicide~~

Reported by: Jesse F. Shipley M.D.

Address: Alpha Howard Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55968